

State of Delaware



MATTHEW DENN
INSURANCE COMMISSIONER

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Department of Insurance

CE-2

COURSE APPROVAL REQUEST

Provider Name & Address:	Provider Number:
	Contact Person:
	Phone Number:
	800 Number:
	Fax Number:

Course Title: _____

____ hour(s) requested including ____ hour(s) for ethics courses (see Regulation 47 Section 3(12) for ethics definition).

Lines Requested		Method of Instruction	Course is:	Method to Determine Completion:
Agent	Adjuster	__ Classroom/Seminar	__ New	__ Exam-monitored/closed book/affidavit
__ L/V	__ WC	__ Correspondence	__ Renewal	__ Exam-correspondence/open book
__ A/H	__ P	__ Video	__ Revised	__ Sign in/out sheet(s)
__ P/C	__ C	__ Internet Based	__ Beginner	__ Other (explain):
	__ Bonds	(OLT)	__ Intermediate	
		__ Other (explain):	__ Advanced	

__ Course is closed to the public __ Course will not be offered again - given one time only
 Date(s) of Course: _____
 __ TBD: to be determined, you must file **Form CE-3** at least 7 days prior to course date.
 Start Time: _____ End Time: _____ City/State: _____
 Location: _____
 Primary Instructor(s): _____
 Previously Approved? __ Yes __ No (If no, attach instructor bio.)

Name and signature of person authorized to sign Certificates of Completion (may add additional names on the reverse side):

Typed or Printed Name

Signature

Submitted by - Typed or Printed Name

Signature

Date

For Department Use Only:

____ hour(s) approved including ____ hour(s) for ethics courses.

Date Reviewed: _____

____ not approved for the following reason(s):

____ Recruiting ____ Sales/Marketing Oriented ____ Prospecting ____ Too Basic ____ Does Not Relate ____ Self-Motivational

____ Other (explain): _____